

RECEIVABLE EVENT INPUT FORM

Department/Organization Name



The Commonwealth of Massachusetts
Office of the Comptroller

Revised 1/20/94

Document ID							
Trans RE	Dept	R/Org	Number	RE Date	Acctg Prd	Bud FY	
Action:	Entry (E) Modify (M) Cancel (X)	RE Due Date		Int Calc Flag	Customer Code	Cust Loc	Cust Type
Special Instruction (SPIN)	External Flag	RE Type	Document Total	Remit To:	Comments		

Dept Customer Code	Customer Name
Customer Address	
City	State Zip Code

LN	Fund	Dept	Org	S/Org	Rev Srce	S/Rev	Prog	Type	PRJ/CL/GRC	ACTV	Rept Catg
Rate Code	Number of Units	Units of Measure	Amount		I/D	Description					Text Ind

LN	Fund	Dept	Org	S/Org	Rev Srce	S/Rev	Prog	Type	PRJ/CL/GRC	ACTV	Rept Catg
Rate Code	Number of Units	Units of Measure	Amount		I/D	Description					Text Ind

Prepared By: _____ Title: _____ Date: _____

Approved By: _____ Title: _____ Date: _____ Phone #: _____

Entered By: _____ Title: _____ Date: _____